



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 2094

<b>SERIAL NUMBER</b> 10/521,422	<b>FILING OR 371(c) DATE</b> 09/23/2005 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3734	<b>ATTORNEY DOCKET NO.</b> 3029-086/NP
------------------------------------	---	---------------------	-------------------------------	---

**APPLICANTS**

Alistair Royse, Victoria, AUSTRALIA;  
 Brett Hamilton, Victoria, AUSTRALIA;  
 David Berry, Victoria, AUSTRALIA;  
 Michael Kerr, Victoria, AUSTRALIA;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/AU02/00996 07/26/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

AUSTRALIA PR 6689 07/31/2001  
 AUSTRALIA PR 9844 01/07/2002

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 06/30/2006

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> AUSTRALIA	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 16	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>CG</i>				

**ADDRESS**

27572

**TITLE**

Surgical clamps

<b>FILING FEE RECEIVED</b> 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit